MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/__)

Application Number		Filing Date
Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend	51							
1							52							
2							53							
3							54							
4							55							
5							56							
6							57							
7							58							
8							59							

CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend			28			
Total Claims							Total Claims			46			